

JUVENILE REHABILITATION  
**JR CONTRACTOR ONBOARDING CHECKLIST**

This onboarding checklist is provided to assist you with understanding the DCYF – Juvenile Rehabilitation’s expectations for working safely while you are conducting state business. DCYF is concerned for your safety and asks your assistance to ensure your valuable time spent with us is safe and beneficial. This guide will require a signature by the contractor and the Appointing Authority, or their designee and it will be stored according to policy.

CONTRACTOR NAME		LOCATION	
<b>SAFETY ORIENTATION INFORMATION</b>			
<input type="checkbox"/>	<b>BLOOD AND BODY FLUIDS PRECAUTIONS</b> Because of the potential hazard of contracting Hepatitis B and/or the Human Immunodeficiency Virus (HIV), which are transmitted by blood or other body fluids, you are to refrain from assisting in any situation which may lead to contact with blood and/or body fluids. Please notify an employee in case of emergency.		
<input type="checkbox"/>	<b>CHEMICAL HAZARD COMMUNICATION (HAZCOM) INFORMATION</b> You have a right to know if any chemical substances you come in contact with are hazardous to you. Notify an employee if you have questions regarding chemical substances you may be exposed to. They will explain if there are hazards associated with the use if those chemicals.		
<input type="checkbox"/>	<b>HOW TO REPORT WORKPLACE ACCIDENTS</b> Contact the lead or notify an employee on shift and an Accident/Injury Report.		
<input type="checkbox"/>	<b>REPORTING UNSAFE WORKING CONDITIONS</b> Contact the lead or other employee if you have identified a workplace hazard or condition that may affect your or another’s ability to work safely. Your supervisor may request you fill out an incident report.		
<b>ACKNOWLEDGEMENT</b>			
CONTRACTOR SIGNATURE		SIGNATURE DATE	
APPOINTING AUTHORITY OR DESIGNEE		SIGNATURE DATE	
<b>MANDATORY ORIENTATION</b>			
<input type="checkbox"/>	I attended the PREA orientation. I understand that violations may result in termination of all responsibilities and access to agency facilities, as well as referral for prosecution when applicable.		
<input type="checkbox"/>	I have completed mandatory training requirements and have read and understand my responsibilities and obligations as described by the Contract Manager.		
<input type="checkbox"/>	I have read all JR policies ( <a href="http://www.dcyf.wa.gov/practice/policy-laws-rules/jr">www.dcyf.wa.gov/practice/policy-laws-rules/jr</a> ). I understand violation of policy may result in termination of all responsibilities and access to agency facilities, as well as referral for prosecution when applicable.		
<input type="checkbox"/>	I have signed the DCYF Agreement on Non-Disclosure of Confidential Information – Non-Employee.		
<b>SITE SPECIFIC ORIENTATION</b>			
<input type="checkbox"/>	Check in and check out procedures	<input type="checkbox"/>	Meeting areas
<input type="checkbox"/>	Location and check out of group items in lockers	<input type="checkbox"/>	Other (list):

SAFETY AND SECURITY – GENERAL ORIENTATION			
<input type="checkbox"/>	Chain of command	<input type="checkbox"/>	Equipment and supplies
<input type="checkbox"/>	Building logistics	<input type="checkbox"/>	PREA
<input type="checkbox"/>	Infectious disease control	<input type="checkbox"/>	Ethics and boundaries
<input type="checkbox"/>	Professionalism	<input type="checkbox"/>	Come prepared for your service or program
<input type="checkbox"/>	Other (list):	<input type="checkbox"/>	Other (list):

EMERGENCY RESPONSE PROCEDURES	
<input type="checkbox"/> Phone numbers	<input type="checkbox"/> Emergency response

ACKNOWLEDGEMENT	
CONTRACTOR SIGNATURE	SIGNATURE DATE
APPOINTING AUTHORITY OR DESIGNEE	SIGNATURE DATE